

II. REFUGEE HEALTH ASSESSMENT PROGRAM LOGISTICS

A. VOLUNTARY RESETTLEMENT AGENCIES (VOLAGs)

VOLAGs

Voluntary agencies (VOLAGs) deliver refugee reception and placement services as part of cooperative agreements with the U.S. Department of State. In Massachusetts, the Massachusetts Office for Refugees and Immigrants (ORI) coordinates the Massachusetts Refugee Resettlement Program and oversees federally-funded case management, employment, English language programs, and other services that promote economic self-sufficiency. Most case management services are delivered by VOLAGs.

VOLAG staff or family sponsors meet the arriving refugee in Massachusetts. Among other services, VOLAGs schedule health assessment appointments at RHAP sites. VOLAGs provide the site with the refugee's name, alien number (A#), language, country of origin, address, and telephone number. Once given an appointment date and time, the VOLAG contacts the refugee to let him/her know of the appointment. VOLAG staff may bring refugees to the clinic site and may follow up with persons who fail to keep appointments.

The following are local VOLAG affiliates that resettle refugees in Massachusetts. Information is current as of June 2002:

Metro Boston

Catholic Charities Boston

270 Washington Street
Somerville, MA 02143
Tel: (617) 625-1920

International Institute of Boston

One Milk Street
Boston, MA 02109
Tel: (617) 695-9990

International Rescue Committee

162 Boylston Street, 5th Floor
Boston, MA 02116
Tel: (617) 482-1154

Jewish Family & Children's Services

1340 Centre Street
Newton Center, MA 02159
Tel: (617) 558-1267

Metro Boston (cont)

Somali Women and Children's Association

801-B Tremont Street
Boston< MA 02118
Tel: (617) 442-1622

Lutheran Social Services of New England

(Unaccompanied Refugee Minor Program)
1310 Centre Street
Newton, MA 02159
Tel: (617) 964-7220

North Shore/Merrimack Valley

**Jewish Family Service
of the North Shore**

298 Union Street
Lynn, MA 01902
Tel: (781) 593-0100

Central

Catholic Charities of Worcester

15 Ripley Street
Worcester, MA 01610
Tel: (508) 798-0191

Worcester Jewish Federation

633 Salisbury Street
Worcester, MA 01609
Tel: (508) 756-7675

IRC/ Worcester

332 Main Street
Worcester, MA 01608
Tel: (508) 797-1154

MetroWest

**Jewish Family Services
of Metro West**

475 Franklin Street, Suite 101
Framingham, MA 01702
Tel: (508) 875-3100

Southeast

**Catholic Social Services
of Fall River**

P.O. Box M, South Station
Fall River, MA 02724
Tel: (508) 674-4681

Fall River United Jewish Appeal

385 high Street
Fall River, MA 02720
Tel: (508) 673-7791

**Jewish Federation of
Greater New Bedford**

467 Hawthorne Street
North Dartmouth, MA 02747
Tel: (508) 997-7471

West

**Jewish Family Service
of Springfield**

15 Lenox Street
Springfield, MA 01108
Tel: (413) 737-2601

Lutheran Social Services

425 Union Street, Suite D-5
West Springfield, MA 01089
Tel: (413) 787-0725

**Jewish Federation
of the Berkshires**

235 East Street
Pittsfield, MA 01201
Tel: (413) 442-4360

B. DPH REFUGEE & IMMIGRANT HEALTH PROGRAM

ARRIVAL NOTIFICATION

Refugee arrivals are generally limited to eight U.S. ports of entry staffed with quarantine officers: Atlanta, Chicago, Honolulu, Los Angeles, Miami, New York, San Francisco, and Seattle. Officers of the U.S. Public Health Service, Centers for Disease Control and Prevention (CDC), Division of Quarantine inspect arriving refugees, review medical documents at entry, and then notify the Massachusetts Department of Public Health, Refugee and Immigrant Health Program (RIHP), of refugees with final destinations in Massachusetts.

OUTREACH EDUCATORS

The RIHP has an extensive outreach component staffed by trained bilingual, bicultural individuals who provide the primary link between their respective communities and the health care delivery system. Following U.S. Public Health Service Quarantine Office notification that a family or an individual has arrived in Massachusetts and VOLAG reporting of the resettlement address, an outreach educator will visit the family and provide an orientation to the RHAP and the U.S. health care system.

Outreach and follow-up is provided for refugees and their families to monitor the diagnosis and treatment of tuberculosis and other communicable diseases, increase understanding of and compliance with medical recommendations, provide basic information on the local health care resources available to refugees, and educate newly arrived refugees on varied health topics. In addition, RIHP outreach educators can assist with adherence to treatments initiated during the RHA and follow-up of referral appointments, including primary care. For this reason, it is imperative that the provider fully complete the RHA form and include referral appointment information.

REGIONAL COORDINATORS & CENTRAL OFFICE STAFF

The RIHP has three regional coordinators based in Boston, Tewksbury, and Northampton who can facilitate outreach and other services. In addition, the central RHIP office has staff for coordinating new arrival information, data collection and analysis, and medical consultation and are linked with other Bureau of Communicable Disease Control programs (Epidemiology and Immunization, STD Prevention and Control, TB Prevention and Control, HIV/AIDS Surveillance) as well as programs in other DPH bureaus. If questions arise, providers should not hesitate to contact the regional coordinator or the central office. *See Appendix K for a listing of RIHP staff.*

C. INTERPRETER SERVICES

The RHAP requires delivery of culturally and linguistically responsive health care services for refugee populations. The utilization of a qualified medical interpreter in the health assessment is crucial.

There are different models of medical interpreters that are employed. Consistent among them is the training and support given to staff so that they may function in the role of interpreter. See the reference document, “Medical Interpreting Standards of Practice” that is available from Massachusetts Medical Interpreters Association. Regardless of model employed, it is recommended that staff who will function as interpreters receive a comprehensive orientation to the health assessment.

In-House Interpreter Services: These are generally coordinated centrally and appointments for patients are scheduled based on the availability of interpreters. Recruitment, training, and supervision are also centrally coordinated. Interpreters may be on staff or on call.

Bilingual, bicultural staff functioning in dual or multiple roles, including interpreting: These staff may be in roles such as outreach, medical assistant or medical records, but have been trained in medical interpreting.

Interpreter Pools: In some geographic areas, a central pool coordinates interpreters for a number of providers. The site coordinating the pool recruits, trains, and supervises interpreters and as well as manages scheduling. Sites generally pay on an hourly basis.

An alternative to the medical interpreter model is the utilization of fully bilingual clinical and health education staff.

Alternatives to the above that are not considered acceptable (for the health assessment) are utilization of language telephone services (e.g. AT&T language line) and/or the use of family/friends in the interpreter role.

**WORKING WITH
AN INTERPRETER**

RIHP makes every effort to work with providers when new populations are resettled in Massachusetts in order to identify potential interpreters. All sites need to have the capacity to serve refugees from a wide range of countries and ethnicities.

The following section provides basic information on working with interpreters. Providers should regularly assess all aspects of interpretation.

If permitted by a busy clinic schedule, it is helpful to have a pre-session meeting with the interpreter, to facilitate the communication process by clarifying roles and responsibilities, and also a post-session meeting, to review the session.

In the pre-session meeting, determine the interpreter's level of clinical sophistication and general disposition. Make sure the interpreter understands his/her role. Stress the importance of impartiality, accuracy, completeness, and confidentiality.

During the session, set as normal a pattern of communication as possible. Speak directly to the patient, not the interpreter. Try not to let the presence of the interpreter change the normal communicating patterns that you would have with an English-speaking patient.

In the post-session meeting, ask the interpreter to comment on the overall communication process. Ask the interpreter about non-verbal elements that would reveal the patient's level of understanding as well as issues affected by cultural concerns.

GUIDELINES

- Introduce yourself and the interpreter to the patient.
- Relay to the patient the role of the interpreter, the purpose of the health assessment, and the commitment to confidentiality from both you and the interpreter.
- Use short, precise questions in a clear, logical sequence when possible. Speak in a normal voice, clearly and not too quickly. Speaking loudly does not improve comprehension.
- Use common words or examples that the patient and the interpreter are likely to know. Avoid medical jargon, slang, abbreviations, and acronyms when possible.
- Watch the patient's response to the interpreter.

Section II: LOGISTICS

- Follow up on questions, particularly if the answer you get is not related to your question. Make sure you and the patient understand each other.
- Ask the patient or the interpreter for explanations of culturally linked issues. Be aware of cultural differences or beliefs that may affect patient behavior, as well as economic, social, and family issues.
- Conduct the session in an unhurried manner.
- At the end of the interview, review the material with the patient to ensure that nothing has been missed or misunderstood.
- Write the name of the interpreter on the Refugee Health Assessment form.

RESOURCES

Massachusetts Medical Interpreters Association
c/o New England Medical Center
800 Washington Street, NEMC Box 271
Boston, MA 02111-1845
(617) 636-6283
www.mmia.org

Cross-Cultural Health Care Program
Seattle, WA
(206) 326-4161
www.xculture.org

Ethnomed
www.hslib.washington.edu/clinical/ethnomed

Diversity Rx
www.diversityrx.org

D. OVERSEAS PROCESSING

U.S. ADMISSIONS

The Refugee Act of 1980 establishes the framework for the admission and resettlement of refugees in the United States. The Refugee Act defines the term “refugee” to mean:

“(A) any person who is outside any country of such person’s nationality, or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion, or

(B) in such special circumstances as the President after appropriate consultation (as defined in section 207(e) of this Act) may specify, any person who is within the country of such person’s nationality or, in the case of a person having no nationality, is outside any country in which such person is habitually residing, and who is persecuted or who has a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. The term “refugee” does not include any person who ordered, incited, assisted, or otherwise participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion.”

An applicant for refugee admission into the United States must meet all of the following criteria¹:

- The applicant must meet the definition of a refugee in the Refugee Act.
- The applicant must be among the types of refugees determined during the consultation process to be of special humanitarian concern to the United States.
- The applicant must be admissible under United States law.
- The applicant must not be firmly resettled in any foreign country. (In some situations, the availability of resettlement elsewhere may also preclude the processing of applicants.)

The President determines processing priorities and the number of refugees to be admitted during each fiscal year after consultation with Congress. The admissions document is published by the Department of State, Department of Justice and Department of Health and Human Services.

Overseas, the Joint Voluntary Agency (JVA) coordinates processing for the United States. The Immigration and

¹ Office of Refugee Resettlement. Report to Congress: FY94 Refugee Resettlement Program.

Naturalization Service (INS) staff conduct interviews to approve or deny refugee applications for admission.

If an individual is approved for refugee status by the INS, he or she must still meet admissibility requirements outlined in United States law. Among these are the medical requirements, which are discussed in greater detail below and in Section III-B.

Decisions about placement in the United States are made by national VOLAGs in coordination with their local affiliates. The assurance, which commits a VOLAG to resettling a case, is processed. Finally, travel arrangements are made to move the refugee to the United States.

OVERSEAS MEDICAL EXAMINATIONS

Overseas health screenings are conducted to ensure that refugees do not have conditions that would exclude them from entering the United States. These medical exclusions include certain communicable diseases and mental health conditions associated with violence. Refugees with communicable diseases that preclude their entry into the country may be delayed until appropriate treatment is initiated and they are no longer infectious. Following treatment, refugees will be allowed to emigrate to the United States. Waivers may be requested for conditions that are grounds for exclusion.

The overseas medical examination is done by a local panel of physicians or by physicians working under contract to the International Organization for Migration and using locally available facilities (laboratory, x-rays). The Division of Quarantine, Centers for Disease Control and Prevention, is responsible for oversight of all overseas examinations.

See Section III-B for additional information on the overseas medical examination.

THE INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

The IOM is an intergovernmental body, based in Switzerland, that manages refugee movements for third country resettlement. In addition, the IOM performs many of the overseas health assessments in the former Soviet Union and Vietnam, as well as some of those done in Sub-Saharan Africa.

The IOM provides each refugee with a white plastic bag that contains the individual's medical records and x-rays. Currently, these records should contain the OF-157 form and supplemental vaccine form. At times, IOM officials will add other supplemental forms to document the complete medical history and physical examination.

**DIVISION OF
QUARANTINE, CDC**

The Division of Quarantine, Centers for Disease Control and Prevention, is in the process of revising the content and documentation of the overseas evaluation. The CDC revisions will include greater evaluation of children under the age of 15 years. After finalization of these revisions, overseas refugee documents should include the core form as well as extended worksheets for use in documenting further care of patients with findings that indicate need for follow-up care in the United States.

RESOURCES

Department of State
Bureau of Population, Refugees and Migration
www.state.gov/www/global/prm

Division of Quarantine
Centers for Disease Control and Prevention
Atlanta, GA
(404) 639-8111
www.cdc.gov/ncidod/dq

International Organization for Migration
Geneva, Switzerland
www.iom.ch